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A rare case of caterpillar (*Moynihan's*) hump of right hepatic artery- congenital anomaly.

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ABSTRACT

The Right Hepatic Artery occasionally forms a Sinuous tortousity calld as Caterpillar or Moynihan's hump which occupies the major portion of calot's triangle. The right hepatic artery may course a tortuous turn in front of cystic duct, so that while clamping the cystic duct the right hepatic artery may be clamped causing accidental liver infarction.

KEYWORDS:

Caterpillar or Moynihan's hump, Cystic duct, Right Hepatic Artery.

CASE REPORT-

A 60years female patient residing in Pune presented with complain of pain in abdomen, back pain. Patient has taken treatment in other hospital and visited to current hospital with same complain and diagnosed as cholecystitis. Patient has

surgical history of hysterectomy done before 15 yrs ago. General systemic examinations were normal. per abdomen examination – tenderness at epigastric & rt. Hypochondrium region, Laboratory investigation suggest normal leukocytes(7160) with urine routine – normal negative serological report and negative VDRL Report & LFT’S- within normal limit. ultrasonography shows the gall bladder is distended and A calculus of size 12mm seen in it. Few tiny renal concretions in both kidneys.

So, we are decided to do Open cholecystectomy under G.A. In supine position G.A. induced to the patient. Antiseptic cleaning by application of povidone iodine solution from mid chest to mid-thigh done & draping done. Right subcostal (Kocher’s)Incision taken with the help of blade no.21 layer wise dissection done. Accidental finding is seen which is caterpillar hump. ligation of cystic artery and duct done with linen 40. after that gallbladder separated from

its bed with the help of diathermy. Bleeding points are coagulated with diathermy. Tube drain no.24 kept in subhepatic space and layer wise closure done. Padding and dressing done.

post operative patient was kept nil by mouth for two days and iv antibiotics, antacid and analgesic are given for 5 days. Tube drain was removed on post operative 3rd day and NBM broken. follow up was taken.

DISCUSSION-

This is one of the anomaly in relation to the course of hepatic artery . The hepatic artery makes a tortuous course in front to the bile duct near the entry of cystic duct. The cystic artery arising from this hump or the hump of right hepatic artery is usually short.This is a dangerous anomaly as hepatic artery may be confused with cystic artery and may be clipped during cholecystectomy.

CONCLUSION-

So, when performing cholecystectomy, the surgeon must

remember that there are many variations from the normal anatomy of the vessels and bile ducts in calots triangle . because of these anatomical variations of cystic artery and right hepatic artery, surgical injuries in the living body can inadvertently and readily be made by even the most experienced surgeon.

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